Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

RECEIVED

Page 1 of 17

2018 JAN 10 AM 10: 25

Do Not Mark in This Space For Official Use Only

| | | <u> </u> | VE. | R PA | AGE | BRISTOL. | CT | inn | |
|---|--|--|---|-----------------|--|--|--|--|---|
| 1. NAME OF COMMITTEE | | | | | | | | | |
| Re-elect Dave Mills For City Counc | cil | | | | | | | <u>Software the contract</u> | 34.560.000.000.000.0000000000000000000000 |
| 2. TREASURER NAME | | | | | | | | | |
| First | | МІ | Property | Last | - Palata Bartana (1960) | DESCRIPTION OF THE PROPERTY OF | SECTATION OF | S | Suffix |
| Peter | | J | - | Del Mas | stro | | | | |
| 3. TREASURER ADDRESS | | | 37 N | | | | | | |
| Street Address 9 Chimney Crest Lane | | | City Brist | tol | | State CT | - 1 | Zip Code 06010 | |
| 4. ELECTION/REFERENDUM DATE | 5. OFFICE SOUG | HT (Complet | te only | if Candidat | te Committee) | I | 6. Г | DISTRI | CT NUMBER |
| (mm/dd/yyyy) 11/07/2017 | City Council | 201227 | *************************************** | Entitle Safager | | | Working at the property | plicable) 3 | |
| 7. CANDIDATE NAME (Complete only if | Candidate or Explorato | ry Committee) | | | | | | | |
| First | | MI | 1 | Last | | Section Control Contro | <u>Kalifornia anno anno anno anno anno anno anno a</u> | S | Suffix |
| David | | F | ! | Mills | | | | | |
| 8. TYPE OF REPORT (Check One Box) | | | | | | | | | |
| O January 10 filing | 7th day preced | 7th day preceding primary 7th day preceding referendum Initial Co | | | | | | | Disbursement |
| April 10 filing | O30 days follow | ving primar | y | O 45 | days following referendum | Amendm | • | | |
| July 10 filing | 7th day preced | ling election | n | O Def | ficit | Type of R | | | |
| October 10 filing | 12th day prece | | | ⊙ Ter | rmination | - | - | | |
| O24 Hour Independent Expenditure Primary Election | O45 days follow not held in Nov | ving election | | | | | | | |
| 9. PERIOD COVERED | | | | | | | | | |
| | Beginning Dat | te | | | Ending Date | | | <u>Alimente de la companya de la compa</u> | |
| (| October 30,2017 | | | 41 | December 31,2017 | | | | |
| - | Jelober 30,20., | | _ | thru | | | | | |
| | | The state of the s | | | | | | | |
| 10. CERTIFICATION | | | | | | | | | |
| I hereby certify and state, under policies of the per | I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. | | | | | | | | |
| fol Mast | | ſ | Pete | r J. Del M | /lastro | | 01/ | /10/201 | 18 |
| TEASURER OR DEPUTY TREASURE | ER (SIGNATURE) | Ī | PRIN | ΓNAME (| OF SIGNER | | DA | ATE (mn | m/dd/yyyy) |
| | | | | | | and the second | | | |

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

SUMMARY PAGE TOTALS

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Re-elect Dave Mills For City Council | TYPE OF REPORT Termination | | | | | |
|--|----------------------------|-----------------------|--|--|--|--|
| | COLUMN A This Period | COLUMN B Aggregate | | | | |
| 11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees | | | | | | |
| 12. Balance on hand at the beginning of Reporting Period | 862.05 | | | | | |
| 13. Contributions Received from Individuals (Sections A and B) | 75.00 | 2970.00 | | | | |
| 14. Receipts from Other Committees (Sections C1 and C2) | · | | | | | |
| 15. Other Monetary Receipts (Sections D through K) | | | | | | |
| 16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3) | | | | | | |
| 16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed | | | | | | |
| 16c. Total Purchases of Advertising—Program Book or Sign (Section L3) | 50.00 | 600.00 | | | | |
| 17. Total Monetary Receipts (add totals for Lines 13 through 16c) | 125.00 | 3,570.00 | | | | |
| 18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B) | 987.05 | 3,570.00 | | | | |
| 19. Expenses Paid by Committee (Section P) | 987.05 | 3,594.00 | | | | |
| 20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns) | 0 | | | | | |
| 21. In-Kind Donations not Considered Contributions Received (Section L4) | | | | | | |
| 22. In-Kind Donations not Considered Contributions — House Party (Section L5) | | | | | | |
| 23. In-Kind Contributions Received (Section M) | | | | | | |
| 24. Refundable Deposit to Telephone Company (Section N) | | | | | | |
| 25. Loan Balance | | | | | | |
| 25a. + Loans Received (Section D) | | | | | | |
| 25b. + Interest and Penalties on Loan | | | | | | |
| 25c Payments on Loan | | | | | | |
| 25d. Total Outstanding Loan Amount | | | | | | |
| 26. Campaign Expenses Paid by Candidate (Section Q) | | | | | | |
| 27. Expenses Incurred on Committee Credit Card (Section R) | | | | | | |
| 28. Expenses Incurred by Committee During this Period but Not Paid (Section S) | | | | | | |
| 28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S) | | | | | | |

| NAME OF COMMITTEE (Provide Complete Name as Registered with | th Filing Repository) | TYPE OF REPORT |
|--|--|---------------------------|
| Re-elect Dave Mills For City Council | | Termination |
| A. Total Contributions from Small Contri (See instructions for definition of Small Contributor) | butors-Received this Period ONLY SUBTOTAL SECTION A | \$75.00 |
| B. Last Name | Itemized Contributions from Indiv | iduals MI |
| Residential Street Address | | |
| Residental Street Address | City | State Zip Code |
| Principal Occupation | Name of Employer | |
| or dependent child of a lobbyist? No does contributo valued at more | | et with said municipality |
| event reported in Section L1? No If yes, | utor a principal of a state contractor or prospective state indicate which branch or branches vernment the contract is with: | O No |
| Method of Contribution: Cash Personal Check Credit/Debit Card Payroll D | Date Received | Aggregate Contributions |
| Last Name | First | MI |
| Port of 100 and 11 | | |
| Residential Street Address | City | State Zip Code |
| Principal Occupation | Name of Employer | |
| or dependent child of a lobbyist? No does contributor valued at more Is this contribution associated with an event reported in Section L1? Yes Is contributor to the section L1? Yes No If yes, | utor a principal of a state contractor or prospective sta | ate contractor? Yes |
| Method of Contribution: | Date Received | Aggregate Contributions |
| Cash OPersonal Check Ocredit/Debit Card OPayroll Debit Card | <u> </u> | |
| Last Name | First | MI |
| Residential Street Address | City | State Zip Code |
| Principal Occupation | Name of Employer | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more valued at more | is in excess of \$400 to a candidate for a chief execution or business he/she is associated with have a contract than \$5,000? | et with said municipality |
| event reported in Section L1? No If yes, | ntor a principal of a state contractor or prospective state indicate which branch or branches wernment the contract is with: | O No |
| Method of Contribution: Cash Personal Check Credit/Debit Card Payroll D | Date Received | Aggregate Contributions |
| Service Servic | - 1 | D. |
| | SUBTOTAL Section B — This | |
| TOTAL OF ALL CONTRI | TOTAL of additional Section B BUTIONS FROM INDIVIDUALS (Sections | ATBY |
| | Enter total on Line 13, Column A of Summary Page | |

| | MITTEE (Provide Comp Mills For City Coun | | with Filing Repos | itory) | | TYPE OF REPORT Termination | | |
|-------------------|--|---|---|----------------------------|-----------------|--|----------|----------------|
| THE CICCLEDAVE | willist of city court | | Contaibut | | that Care | AND AND THE PROPERTY OF THE PR | | |
| Name of Committee | | CI. | Contribute | ons from O | Name of Tre | | | |
| | | | | | | | | |
| Address | | | | Is this contrevent report | ed in Section | iated with an Oyes ONo L1? | Amount o | f Contribution |
| City | | State | Zip Code | Date Rece | | Aggregate Contributions | | |
| Name of Committee | | | | | Name of Tre | easurer | | |
| | | | | | | | | |
| Address | | | | Is this contrievent report | ed in Section | iated with an Yes No L1? | Amount o | f Contribution |
| City | | State | Zip Code | Date Rece | | Aggregate Contributions | | |
| Name of Committee | | | | | Name of Tre | easurer | | |
| Address | TO ENTRATO MONTH AS SOCIETA OF THE STATE OF | ···· | | T | | | T | 6 C |
| | | | | event report | ed in Section | iated with an Yes No L1? s, list Event # | Amount o | f Contribution |
| City | | State | Zip Code | Date Rece | ived | Aggregate Contributions | | |
| | C2. | Reimbursemer | its or Surp | lus Distribi | utions fro | om other Committees | | |
| Name of Committee | | | | | Name of Tro | AND COLUMN TO THE REAL PROPERTY OF THE PROPERT | | |
| Address | | | *************************************** | City | | | State | Zip Code |
| Date Received | Expenditure # (if applicable) | Payment Type | | | | *************************************** | Amount | t of Receipt |
| | (у аррисате) | • Reimburser | ment for shared | expense OS | Surplus Distril | bution | Amoun | . or Receipt |
| Description | entreure l e communique de la communiqu | | | | | | | |
| Name of Committee | | | | | Name of Tre | easurer | | |
| Address | | *************************************** | | City | | | State | Zip Code |
| . Add Side | | | | City | | | State | Zip Code |
| Date Received | Expenditure # (if applicable) | Payment Type Reimburs | sement for share | ed expense | Surplus Dist | tribution | Amoun | t of Receipt |
| Description | | | | | | 4 | 1 | |
| | | | SUBTO | OTAL Section | on C — Th | nis Page | | |
| | | | TOTAL | of additiona | ıl Section (| C Pages | | |
| | | F ALL COMMIT | | | | | | |
| | (Section | ns C1 + C2) (Enter | total on Line I | 4, Column A of | Summary Pa | age Totals) | | |
| | | | | | | | | |

| NAME OF COMMITTEE (Provide Complete Name as Registered with | TYPE OF REPORT | | | | | | | |
|---|----------------|----------|---------------------------|---------------|--------------------|--|--|--|
| Re-elect Dave Mills For City Council | | | | | Termination | | | |
| | D. Loans Ro | eceiv | ed this Period | | | | | |
| Name of Lender | | | Source of Loan: | | | . 🛆 | Date of Receipt | |
| | | | OBank O Cand | didate (|) Individua | Committee | | |
| Street Address | City | | | | State | Zip Code | Is there a Cosigner or | |
| | | | | | | | Guarantor of this loan? Yes No | |
| Name of Cosigner/Guarantor (if applicable) | | | | | L | L | Amount Received | |
| | | | | | | | Amount Received | |
| Street Address | City | ····· | | | State | Zip Code | | |
| | | | | | | | | |
| Name of Lender | | | G CT | * | <u> </u> | 1 | D. C. CD. | |
| Name of Echael | | | Source of Loan: Bank Cane | didate C | Individua | l Other | Date of Receipt | |
| Street Address | City | | | | State | Committee Zip Code | I. 11 | |
| Silect Address | City | | | | State | Zip Code | Is there a Cosigner or Guarantor of this loan? | |
| | | | | | <u> </u> | <u> </u> | Yes No | |
| Name of Cosigner/Guarantor (if applicable) | | | | | | | Amount Received | |
| | | | | | | | | |
| Street Address | City | | | | State | Zip Code | | |
| | | | | | | | | |
| Name of Lender | | | Source of Loan: | | | | Date of Receipt | |
| | | | OBank O Can | didate C |) Individua | Other Committee | | |
| Street Address | City | | | | State | Zip Code | Is there a Cosigner or | |
| | | | | | | | Guarantor of this loan? O Yes No | |
| Name of Cosigner/Guarantor (if applicable) | | | | | <u> </u> | <u> </u> | | |
| The of congress customer (g approach) | | | | | | | Amount Received | |
| Street Address | City | | | | State | Zip Code | | |
| Direct Address | Chy | | | | State | Zip Code | | |
| · | | | | | | | | |
| | | | TOTAL SECT | ION D | | | | |
| | | | | | | | | |
| E. Receipts from Entities other t | han Individ | uals | or Other Com | mittee | (Referes | dum Committe | es ONLY) | |
| Name of Entity | | | | | | | | |
| | | | | | | | | |
| Street Address | | | | Date | Received | | Amount Received | |
| | | | | | | | | |
| City | Stz | ate | Zip Code | Aggr | egate Contril | outions | | |
| | | | | 1.288. | oguio comun | | | |
| N FT-sig. | | | | | | | | |
| Name of Entity | | | | | | | | |
| Street Address | | | | I Data | Received | | | |
| Street Address | | | | Date | Received | | Amount Received | |
| | Tai | | Ta: 0.1 | | | · · · · · <u>·</u> · · · · · · · · · · · · · | | |
| City | ate | Zip Code | Aggr | egate Contril | outions | | | |
| | | | | | | | | |
| Name of Entity | | | | | | | | |
| | | | | | | | | |
| Street Address | | | | Date | Received | | Amount Received | |
| | | | | | | | | |
| City | Sta | ate | Zip Code | Aggı | egate Contri | butions | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | TOTAL SECT | IUN E | | | | |

| NAME OF COMMITTE Re-elect Dave Mills | EE (Provide Complete Name as Registers For City Council | ed with Filing Repository) | | TYPE OF REPORT Termination | |
|--------------------------------------|--|---|--|--|--------------------|
| F | 3. Amount Transferred | from Affiliated B | usiness Treasury (Bu | usiness Entity Committees ONLY) | |
| Date of Receipt | Is this transaction associa event reported in Section | ited with an Yes | If ves. list Event # | Amount | |
| Date of Receipt | Is this transaction associa event reported in Section | 1 00 | If yes, list Event# | Amount | |
| Date of Receipt | Is this transaction associa event reported in Section | 1 03 | If yes, list Event# | Amount | |
| Date of Receipt | Is this transaction associa event reported in Section | 1 00 | If yes, list Event# | Amount | |
| | 1 | | TOTAL SECTI | ION F | |
| | | | | | |
| G. Amount T | ransferred from Affiliat | ed Labor Union | or Other Organizatio | ion Treasury (Organization Committees O. | NLY) |
| Date of Receipt | | Date of Receipt | And the second s | Date of Receipt | |
| | Amount | | Amount | Amount | |
| | | | TOTAL SECTIO | DN G | |
| | | | | | |
| | H. Personal Funds of t | he Candidate Re | ceived this Period (| (Candidate Committees ONLY) | |
| Date of Receipt | Method of payment: | AND | and A the Charles and Charles | Amount | 25625 September |
| | O Cash | Personal Cl | heck Credit/Del | ebit Card | |
| Date of Receipt | Method of payment: | | | Amount | |
| | O Cash | Personal Cl | heck Credit/Del | ebit Card | |
| Date of Receipt | Method of payment: | | | Amount | |
| | O Cash | Personal Cl | heck Credit/Del | ebit Card | |
| Date of Receipt | Method of payment: | | | Amount | |
| | O Cash | Personal Cl | heck Credit/Del | ebit Card | |
| | | | TOTAL SECT | TION H | Manager 1999 - 100 |
| | | | | | |
| | | т А | | | |
| | | 1. Anonymo | us Contributions | | Assistant Control |

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

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| NAME OF COMMITTEE (Provide Complete) | Name as Registered with Filing Repository) | TÝP | E OF REPORT | |
|---|--|--------------------------|---------------------|-----------------|
| Re-elect Dave Mills For City Council | | Tern | nination | |
| | J. Interest from Deposits in Auth | norized Accounts | | |
| Name of Institution | | Date | Received | Amount |
| | | | | |
| Street Address | City | State | Zip Code | |
| Name of Institution | | Date | Received | Amount |
| | | | | Amount |
| Street Address | City | State | Zip Code | |
| | ` | | | |
| | ${f T}$ | OTAL SECTION J | | |
| K. M | iscellaneous Monetary Receipts not | Considered Contri | outions | |
| Name | | | Date of Transaction | Amount Received |
| G 11 | | | <u> </u> | |
| Street Address | City | Sta | te Zip Code | |
| Description | | <u></u> | | |
| | | | | |
| Name | | | Date of Transaction | Amount Received |
| Street Address | City | Sta | te Zip Code | |
| | _ | | | |
| Description | | | | |
| Name | | | Date of Transaction | Amount Received |
| | | | | |
| Street Address | City | Star | zip Code | |
| Description | <u> </u> | | | |
| | | | | |
| Name | | | Date of Transaction | Amount Received |
| Street Address | City | Sta | te Zip Code | |
| | L | | | |
| Description | | | | |
| | | | | |
| | LOIA | L SECTION K | | |
| SUMMA | RY OF OTHER MONETARY REC | EIPTS (Sections D | through K) | |
| Total Loans Received this Period (Sec | tion D) | | | |
| Total Receipts from Entities other than | n Individuals or Other Committees (Section | E) + | | |
| Total Amount Transferred from Affili | ated Business Treasury (Section F) | + | | |
| Total Amount Transferred from Affili | ated Labor Union or Other Organization Tr | reasury (Section G) + | | |
| Total Amount of Personal Funds of th | e Candidate Received this Period (Section H | T) + | | |
| Total Amount of Interest from Deposi | s in Authorized Accounts (Section I) | + | | |
| | ts not Considered Contributions (Section K) | | | |
| A COM TRESCONDENOUS PROJECTAL Y NECELP | | ther Monetary Rec | oints | |
| (Add | 1 Otal Of O Sections D through K) <i>(Enter total on Line 15,</i> (| Column A of Summary Page | Cipts Totals) | |

| | (Provide Complete Name as Registered with Filing Repository) | | TYPE OF REPORT | | | | | |
|--|--|--|---|-------------------|------------------|--|--|--|
| Re-elect Dave Mills For | r City Council | | Termination | | | | | |
| | L1. Even | t Information | | | | | | |
| Event # Date of Event Letter | Description | | | Was this a fur | ndraising event? | | | |
| | | | | OYes | ONo | | | |
| Location: Street Address | | City | | State | Zip Code | | | |
| | | | | | | | | |
| Subpart 1: (All Committee | (top) | | | | | | | |
| Was this event hosted at | • | OYes (If yes, go to Section L | 5 In-Kind Donations | not Considered (| Contributions | | | |
| The same over moster at | a personal residence. | Associated with a Ho | use Party and complet | e required infor | mation for any | | | |
| | | purchases made by hos | st(s) for food, beverage | and invitations.) | | | | |
| Did this fundraiser includ | le goods or services donated by a business entity | Yes (If yes, go to Section I | 4 In-Kind Donations | not Considered | Contributions | | | |
| | nated by an individual of up to \$100? | and complete required | | not Constacted | Contributions | | | |
| | | O No | | | | | | |
| Was this fundraiser a tag with purchases from an in | sale, auction, or other sale of donated items | OYes (If yes, enter Total Rec | ceipts here.) | ¢ | | | | |
| p with the first that the | or up to \$100. | O No | | \$ | | | | |
| Subpart 2: (Party Comm | nittees, Municipal Candidates and Political Com | mittees other than Exploratory | Committees) | | | | | |
| sign associated with this | advertising space in a program book or on a fundraiser? | OYes (If yes, go to Section L | .3 Purchases of Advert plete required informa | | Program Book | | | |
| | | O _{No} | pioto i oquii ou inioi nie | ation.) | | | | |
| Subpart 3: (Town Comm | • | | | | | | | |
| | food or beverage at a fair or similar mass state with this fundraiser? | OYes (If yes, enter Total Receipts here.) | | | | | | |
| gamering note within the | State with this fundament. | ONo | | Linning | j | | | |
| | 745 C. | | | | | | | |
| Event # Date of Event Letter | Description | | | Was this a fin | ndraising event? | | | |
| Date of Event Letter | | | | OYes | ONo | | | |
| Location: Street Address | | City | | State | Zip Code | | | |
| | | | | | • | | | |
| Solomet 1. (All Committee | | | | | L | | | |
| Subpart 1: (All Committee Was this event hosted at a | | OVes (If was no to Section I | 5 In-Kind Donations n | not Considered (| Cantributions | | | |
| | | Yes (If yes, go to Section L5 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any | | | | | | |
| | | purchases made by host(s) for food, beverage and invitations.) No | | | | | | |
| Did this fundraiser includ | le goods or services donated by a business entity | | | | | | | |
| | nated by an individual of up to \$100? | and complete required | | not Considered | Contributions | | | |
| | | O No | | | | | | |
| was this fundraiser a tag with purchases from an in | sale, auction, or other sale of donated items | Yes (If yes, enter Total Rec | ceipts here.) | \$ | | | | |
| F | | O No | | Ψ | | | | |
| Subpart 2: (Party Comm | nittees, Municipal Candidates and Political Com | mittees other than Exploratory | Committees) | | _ | | | |
| sign associated with this | advertising space in a program book or on a fundraiser? | Yes (If yes, go to Section L | .3 Purchases of Advert plete required information | | Program Book | | | |
| | | O No | prove required microsi | w.1011.) | | | | |
| Subpart 3: (Town Comm | | | | | | | | |
| | food or beverage at a fair or similar mass state with this fundraiser? | Yes (If yes, enter Total Rec | ceipts here.) | \$ | | | | |
| <i>G</i> | | ONo | | L | I | | | |
| SUBTOTAL Sectio | n L1—Subpart 1 (All Committees) Total Receipts fr | om Sale of Donated Items — | This Page | | | | | |
| | | tion L1—Subpart 3 <i>(Town Comm</i> Pipts from Food Purchases — | | | | | | |
| | I Vial Nove | | | | | | | |
| | | TOTAL of additional Section | | | | | | |
| | 마시크레 200 - 180 - 180 - 200 - 180 - 1 | CIPTS FROM SMALL PU In Line 16a, Column A of Summar | \$20 \$40 Med March (1900 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$20 \$ | | , | | | |

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed

| NAME OF COMMITTE | E (Provide Complete Name as Re | gistered with Filing Reposite | ory) | TYPE OF RE | PORT | | | |
|------------------------|--------------------------------|-------------------------------|-----------------|-------------------------------|----------------------------------|---|----------------|--|
| Re-elect Dave Mills Fo | r City Council | | | Terminatio | n | | | |
| | L3. Purch | ases of Advertisi | ng in a Progi | ram Book or on a Sign | | | | |
| Name of Purchaser | | | | | Purcha | se Made By: | | |
| Gene F. Prentiss & Co, | , PC | | , | | Business Entity Other | | | |
| Street Address | | | Tai. | | O Individual/Sole Proprietorship | | | |
| | , | | City | | | State | Zip Code | |
| 25 North Street | | | Bristol | | | СТ | 06010 | |
| Date Received | Event # | Aggregate Purchases | for All Events | Amount of Program Ad Pur | chase | Amount of Si | gn Purchase | |
| 11/01/2017 | 09072017A | 50.00 | | 50.00 | | | | |
| Name of Purchaser | | | | | | se Made By: | | |
| | | | | | | isiness Entity | Other | |
| G: 4 11 | | | | | O In | dividual/Sole F | | |
| Street Address | | | City | | | State | Zip Code | |
| Date Received | Event # | Aggregate Purchases | for All Events | Amount of Program Ad Pur | chase | Amount of Si | gn Purchase | |
| | | | | | | | | |
| Name of Purchaser | | | | | Purcha | se Made By: | | |
| | | | | | OBu | siness Entity | Other | |
| | | W-7-4 | _ | | Oln | dividual/Sole I | Proprietorship | |
| Street Address | | | City | | | State | Zip Code | |
| | | | | | | | | |
| Date Received | Event # | Aggregate Purchases | for All Events | Amount of Program Ad Pur | chase | Amount of Si | gn Purchase | |
| | | | | | | | | |
| Name of Purchaser | | | | | Purcha | se Made By: | | |
| | | | | | OBI | siness Entity | Other | |
| | | | | | O In | dividual/Sole I | Proprietorship | |
| Street Address | | | City | | | State | Zip Code | |
| | | | | | | | | |
| Date Received | Event # | Aggregate Purchases | for All Events | Amount of Program Ad Pur | chase | Amount of Si | gn Purchase | |
| | | | | | | | | |
| Name of Purchaser | | | | | Purcha | se Made By: | | |
| | | | | | l - | siness Entity | Other | |
| | | | | | O In | dividual/Sole I | Proprietorship | |
| Street Address | | | City | | | State | Zip Code | |
| | | | | | | | | |
| Date Received | Event # | Aggregate Purchases | for All Events | Amount of Program Ad Pur | chase | Amount of Si | gn Purchase | |
| | | | | | | | | |
| | SUBTOTAL Section I | _3 Total Purchases of | Advertising in | Program Book — This Page | 50.00 | | | |
| | SUBTOTAL S | Section L3 Total Purc | hases of Adver | tising on a Sign — This Page | | | | |
| | | | TOTAL of | f additional Section L3 Pages | | *************************************** | | |
| TOTA | AL OF ALL PURCHASE | S OF ADVERTISIN | | RAM BOOK or ON A SIGN | 50.00 | | | |
| | | (Enter total on | Line 16c, Colum | n A of Summary Page Totals) | 20.00 | | | |

| | 🗅 (1 roviue Compiete Name as N | Registered with Filing Rep | ository) | TYPE OF I | REPORT | | |
|------------------------------------|--------------------------------|----------------------------|------------------|--------------------------------|--------|-----------|------------------|
| Re-elect Dave Mills Fo | or City Council | | | Terminati | ion | | |
| | L4.] | In-Kind Donatio | ons Not Cons | idered Contributions | | | |
| Name of Donor | | | | | | | |
| | | | | | | | |
| Street Address | | | City | | | State | Zip Code |
| | | | | | | | |
| Donation Given By: | Description of Donation | | | | Fair | Market V | alue of Donation |
| Business Entity | | | | | | | |
| OIndividual | Date Received | Event # | | Aggregate Value for this Event | | | |
| Sole Proprietorship | | | | | | | |
| Name of Donor | | | | | | | |
| | | | | | | | |
| Street Address | | | City | | | State | Zip Code |
| | | | | | | | |
| Donation Given By: | Description of Donation | | | | 1 | <u> </u> | lan esp. " |
| Business Entity | * | | | | Fair | Market V | alue of Donation |
| OIndividual | Date Received | Event # | | A | | | |
| OSole Proprietorship | Date Received | Event# | | Aggregate Value for this Event | | | |
| Name of Donor | | L. | | | | | |
| Table of Bollor | | | | | | | |
| Street Address | | | City | | | State | Zip Code |
| | | | City | | | State | Zip Code |
| Donation Given By: | Description of Description | | | | | <u> </u> | |
| Business Entity | Description of Donation | | | | Fair | Market V | alue of Donation |
| OIndividual | | | | | | | |
| OSole Proprietorship | Date Received | Event # | | Aggregate Value for this Event | | | |
| | | | | | | | |
| Name of Donor | | | | | | | |
| | | | | | | | |
| Street Address | | | City | | | State | Zip Code |
| | | | | | | | |
| Donation Given By: | Description of Donation | | | | Fair | Market Va | llue of Donation |
| Business Entity | | | | | | | |
| O Individual O Sole Proprietorship | Date Received | Event # | | Aggregate value for this Event | | | |
| Sole Proprietorship | | | | | | | |
| | | S. | URTOTAL Sect | ion L4— This Page | | | |
| | | J | J IAII Seet | Lang Lage | | | |
| | | TO | OTAL of additio | nal Section L4 Pages | | | |
| | | | | | | | |
| TOTA | AL OF ALL IN-KIND I | | | | | , | |
| | (1 | mer wul on Line 2 | a, Column A OJ S | ummary Page Totals) | | | |
| | | | | | | | |

| NAME OF COMMITT | EE (Provide Complete Name as Registered with Filing Re | pository) | | TYPE OF RE | PORT | | | |
|-------------------------|--|---|----------------------------|-------------------------|---|-----------------|--|--|
| Re-elect Dave Mills | For City Council | | | Terminatio | Termination | | | |
| | L5. In-Kind Donations Not Consid | ered Contributions A | Associated with a H | Iouse Par | y | | | |
| Name of Host | | | Is this event s committee? | supporting m Yes O N | upporting more than one candidate or Yes No nplete Itemization in Addendum L5 | | | |
| Street Address | | City | | 1 | State | Zip Code | | |
| | | | | | | | | |
| Description of Donation | | | | Fair Mai | ket Value | of Donation | | |
| Event # | Aggregate Value of this Event—all hosts | Aggregate Value of all Eve | nts—this host/candidate | | | | | |
| Name of Host | | <u> </u> | committee? | | o | ne candidate or | | |
| Street Address | | City | 1 3,723,00 | 1 | State | Zip Code | | |
| Description of Donation | | | | Fair Mai | ket Value | of Donation | | |
| Event # | Aggregate Value of this Event—all hosts | Aggregate Value of all Eve | nts—this host/candidate | | | | | |
| Name of Host | | | committee? | | o | ne candidate or | | |
| Street Address | | City | | | State | Zip Code | | |
| Description of Donation | | | | Fair Mai | ket Value | of Donation | | |
| Event # | Aggregate Value of this Event—all hosts | Aggregate Value of all Eve | nts—this host/candidate | | | | | |
| Name of Host | | | committee? | | o | ne candidate or | | |
| Street Address | | City | | | State | Zip Code | | |
| Description of Donation | | | | Fair Mai | ket Value | of Donation | | |
| Event # | Aggregate Value of this Event—all hosts | Aggregate Value of all Eve | nts—this host/candidate | | | | | |
| | | SUBTOTAL Section | L5 — This Page | | | | | |
| | | TOTAL of additional | Section L5 Pages | | | | | |
| | AL OF ALL IN-KIND DONATIONS N ITH A HOUSE PARTY (Enter total or | OT CONSIDERED Con Line 22, Column A of Su | | | | | | |
| | | | | | | | | |

III. NONMONETARY RECEIPTS (Sections M—O)

| NAME OF COMMITTEE (Provide Complete | Name as Re | gistered with | Filing Repositor | (ער | | | TYPE C | F REPORT | | | | |
|--|---|---|---|----------------------------------|--|---|--------------------------|---------------------------------|---|----------------------|--|--|
| Re-elect Dave Mills For City Council | | | | | | | Termin | nation | | | | |
| M. In-Kind Contributions | | | | | | | | | | | | |
| Name | | | | | | | | | | | | |
| | | * | | | | | | | | | | |
| Street Address | | | | | City | | | | State | Zip Code | | |
| Type of contributor: Committee | Date Recei | ved | Aggregate Con | ntributions | | Description of In-Kind (| Contributio | on | | <u> </u> | | |
| OIndividual / Sole Proprietorship OOther | | | | | | | | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | does cor | bution is in on tributor or but t more than | ousiness he/she | to a candidate is associate | idate for a chief executive officer of a municipality, ated with have a contract with said municipality Yes No | | | n municipality, unicipality | Fair Market Value of this Contribution | | | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | Yes No | If yes, | tor a principal indicate which rnment the con | h branch or | brai | ntractor or prospective state contractor? Yes oranches | | | | or this contribution | | |
| Name | | - 8 | | | | O ZACCAMITO (| J Llogisi | | | | | |
| | | | | | | | | | | | | |
| Street Address | | | | | City | | | | State | Zip Code | | |
| | | | | | | | | | | | | |
| Type of contributor: | Date Recei | ved | Aggregate Con | tributions | 1 | Description of In-Kind C | Contributio | n | | | | |
| OIndividual / Sole Proprietorship Oother | | | | | | | | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes O No | | | | | | | | | | | | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive CLegislative | | | | | | | | | | | | |
| Name | | of gover | minent the con | itiact is with | • | Executive | Legisi | ative | | | | |
| | | | | | | | | | | | | |
| Street Address | | ~ | | 1 | City | | | | State | Zip Code | | |
| | | | | | | | | | | | | |
| Type of contributor: | Date Recei | ved | Aggregate Con | ntributions | | Description of In-Kind C | Contributio | n | | 1 | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | does co | ibution is in intributor or at more than | business he/sh | 00 to a candid ne is associat | ed y | for a chief executive of the have a contract with have a Contract with No | officer of ith said n | a municipality, nunicipality | Fair Market Value of this Contribution | | | |
| Is this contribution associated with an | | | | of a state co | | ctor or prospective sta | te contrac | ctor? OYes | | | | |
| event reported listed in Section L1? If yes, list Event # | Ö No | <i>If yes</i> , i | ndicate which nment the con | n branch or t | bran | | _ | No | | | | |
| | | | SUI | BTOTAL S | Sect | ion M — This Pag | e | | | | | |
| | | | TOTA | AL of addi | tior | ıal Section M Page | | | | | | |
| TOTAL OF ALL IN-KIND CON | TRIBU | FIONS Œ | | | de estado. | _ | 2.2006 | | | | | |
| | N. | Refund | lable Den | osit to Te | elei | ohone Compan | v | | | | | |
| Last Name of Individual | - 1 | | | First | 1880 TV | | • | MI | Date Deposi | t Made | | |
| | | | | | | | | | | | | |
| Residential Street Address | | <u> </u> | City | , | | | State | Zip Code | | Amount of Deposit | | |
| Name of Telephone Company | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Street Address | *************************************** | *************************************** | City | , | | I | State | Zip Code | | | | |
| | | | | | | | | | | | | |
| TOTAL SE | CTION | N (Enter t | otal on Line 2 | 24, Column 2 | A of | Summary Page Total | ls) | <u> </u> | | | | |

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

| KUVISKU SHIHATY 2013 | | z czes (seetion | , i , | | | | |
|-------------------------------|--|-------------------------------|-----------------------------------|-------------------|--------------------|--|--|
| | TEE (Provide Complete Name as Registered with Filing Repository | (v | TYPE OF REPORT | | | | |
| Re-elect Dave Mil | ls For City Council | | Termination | Termination | | | |
| | P. Expenses | s Paid by Committee | 9 | | | | |
| Name of Payee | | | Date of Payment | | f Payment: | | |
| Jeff Caggiano | | | 11/18/2017 | Chec | | | |
| Street Address | | Tou. | | O Debit Card OEFT | | | |
| | - d | City | | State | Zip Code | | |
| 27 Cricket Hill Roa | ad | Bristol | | СТ | 06010 | | |
| Purpose of Expenditure | Description | | Event # | — | Amount | | |
| (by code) A-WEB | | | | 20.41 | | | |
| | <u> </u> | | | 29,41 | | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required I | unless "None of the below" is | s checked) | | | | |
| | None of the below Coordinated with reimbursement sought (joint expenditu |) | | | | | |
| | Coordinated with reimbursement sought (in-kind con | | ationOA OB OC OD | | | | |
| Name of Payee | | 2 Organiz | Date of Payment | Method of | Payment: | | |
| Bristol Republica | n Town Committee | | 11/18/2017 | O Chec | _{k #} 122 | | |
| Street Address | | · · | 11/10/2017 | O Debit | | | |
| | | City | | State | Zip Code | | |
| PO Box 1893 | | Bristol | | СТ | 06010 | | |
| Purpose of Expenditure | Description | | Event # | | Amount | | |
| (by code) SRPLS | | | | | | | |
| | | | | 300.00 | 0 | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required u | | | | | | |
| | None of the below | | | | | | |
| | Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind con | | _ | | | | |
| Name of Payee | O sostanias o maissa remoussement bought (in mind con | Organiza | Date of Payment | Method of | Payment | | |
| Meals For The Ne | edv | | 11/18/2017 | © Chec | | | |
| | | | 11/10/2017 | O Debit | | | |
| Street Address | | City | | State | Zip Code | | |
| 37 Judd Street | | Bristol | | СТ | 06010 | | |
| Purpose of Expenditure | Description | | Event # | 1 | A | | |
| (by code) SRPLS | | | | | Amount | | |
| | | | | 300.00 | | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required | unless "None of the below" i | is checked) | | | | |
| | None of the below | | | | | | |
| | Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co | | | | | | |
| Name of Payee | Section and the section of the secti | Organiz | Zation A B C C D Date of Payment | Method of | CD. | | |
| CT Republicans | | | 1 | © Chec | r Payment: | | |
| CTTCpublicuits | | | 11/18/2017 | O Debi | | | |
| Street Address | | City | | State | Zip Code | | |
| 176 Laning Street | t | Southington | | СТ | 06489 | | |
| Purpose of Expenditure | Description | 1 | Event # | - | | | |
| (by code) A_ATM | | | IS VOILE IT | | Amount | | |
| A_A1W | | | 65.04 | | | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required to | 7 | | | | | |
| (у аррисавіе) | None of the below | | | | | | |
| | Coordinated with reimbursement sought (joint expendite | • • | | | | | |
| | Coordinated without reimbursement sought (in-kind con | ntribution) Organiz | ration OA OB OC OD | | | | |
| | | SUBTOTAL Section P - | — This Page 694.45 | | | | |
| | Tv | OTAL of additional Sect | ion P Pages | | | | |
| | TOTAL OF ALL EXP | | | | | | |
| | (Enter total on Li | ne 19, Column A of Summar | y Page Totals) | | | | |

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

| NAME OF COMMIT | TEE (Provide Complete Name as Registered with Filing Repository) | CIEBS (Sections | TYPE OF REPORT | | | | |
|---|---|--|----------------------|-------------------|-------------------|--|--|
| Re-elect Dave N | Termination | | | | | | |
| | P. Expenses | Paid by Committee | | | | | |
| Name of Payee | | • | Date of Payment | Method of P | avment: | | |
| David Mills | | | 11/25/2017 | Check | _# _127 | | |
| Street Address | | Га: | | O Debit (| | | |
| 185 Oakland St | reet | City | | State | Zip Code | | |
| 105 Canana St | 1661 | Bristol | | СТ | 06010 | | |
| Purpose of Expenditure | Description | | Event # | | Amount | | |
| (by code) POST | | | | 49.00 | | | |
| Expenditure # | | | | 49.00 | | | |
| (if applicable) | Type of Expenditure (Itemization in Addendum P Required un | less "None of the below" is | checked) | | | | |
| | None of the below Coordinated with reimbursement sought (joint expenditure | a) Tradaman | J | | | | |
| | Coordinated without reimbursement sought (in-kind contribution) | | tion OA OBOCOD | | | | |
| Name of Payee | | O Organiza | Date of Payment | Method of P | ayment: | | |
| Shepard Meado | ws Therapeutic Riding Center | | 12/11/2017 | Method of P Check | | | |
| Street Address | - | L C' | | O Debit (| | | |
| 733 Hill Street | | City | | State | Zip Code | | |
| 755 i iii Glieel | | Bristol | | CT | 06010 | | |
| Purpose of Expenditure | Description | | Event # | | Amount | | |
| (by code) SRPLS | | | | 243.60 | 1 | | |
| Expenditure # | | | 1 243.00 | | | | |
| (if applicable) | | Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) | | | | | |
| | None of the below Coordinated with reimbursement sought (joint expenditure | lant | | | | | |
| | Coordinated with reimbursement sought (in-kind contri | · I | tion OA OB OC OD | | | | |
| Name of Payee | | Organizat | Date of Payment | Method of P | ayment: | | |
| | | | | Check | | | |
| Street Address | | | | O Debit (| | | |
| Sueet Address | | City | | State | Zip Code | | |
| | | | | | | | |
| Purpose of Expenditure | Description | | Event # | | Amount | | |
| (by code) | | | | 1 | | | |
| Expenditure # | The Control of the Late of the Control of the Late of | | | 4 | | | |
| (if applicable) | Type of Expenditure (Itemization in Addendum P Required un | | | | | | |
| | None of the below Coordinated with reimbursement sought (joint expenditum | | | | | | |
| | Coordinated without reimbursement sought (in-kind control | | ation OAOBOCO D | | | | |
| Name of Payee | | | Date of Payment | Method of P | ayment: | | |
| | | | | Check | # | | |
| Street Address | | Fa: | | O Debit (| | | |
| Sheet Address | | City | | State | Zip Code | | |
| | | | | | | | |
| Purpose of Expenditure | Description | | Event # | | Amount | | |
| (by code) | | | | | Amount | | |
| | | | | | | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required un | less "None of the below" is | checked) | | | | |
| | None of the below | | | | | | |
| | Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) | · • • • • • • • • • • • • • • • • • • • | | | | | |
| | | Organiza | tion OA OB OC OD | | | | |
| | S | UBTOTAL Section P | - This Page 292.60 | | | | |
| | TO | TAL of additional Section | on P Pages 987.05 | | | | |
| | TOTAL OF ALL EXPE | NSES PAID BY COM 19, Column A of Summary | | | | | |
| man partito de la capación de 1990 (1991) | (Emec total on Line | , comment of bundlury | 1 "SC 1 Utilis) | | | | |

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Re-elect Dave Mills For City Council | | TYPE OF REPORT Termination | | and call the professional to the control of the con | | |
|--|--------------------------------------|-----------------------------|---------------------------------------|--|--|--|
| | Re-elect Dave Mills For City Council | | | | | |
| Q. Campaign Expe | nses Paid by Candida | te | | | | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | Date of Payment | Is reim | oursement claimed? | | |
| | | | 0 | Yes 🔘 No | | |
| Street Address | City | | State | Zip Code | | |
| | | | | | | |
| Purpose of Expenditure Description | Eve | nt# | Amount | | | |
| (by code) | | | | | | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | Date of Payment | Is raim! | bursement claimed? | | |
| | | Bate of Fayment | 1 _ | _ | | |
| Street Address | Cit. | | 0 | | | |
| Succe Address | City | | State | Zip Code | | |
| | | | | | | |
| Purpose of Expenditure (by code) Description | Eve | nt# | | Amount | | |
| | | | | | | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | Date of Payment | Is reim | bursement claimed? | | |
| | | | | Yes 🔘 No | | |
| Street Address | City | | State | Zip Code | | |
| | | | | | | |
| Purpose of Expenditure Description | Eve | ent # | | Amount | | |
| (by code) | | | | 1 III Guile | | |
| Name of Davis (Name of Vander Davis or Futto at Least 12 at 12 at 12 | | | | | | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | Date of Payment | 1 _ | bursement claimed? | | |
| | | | O | Yes O No | | |
| Street Address | City | | State | Zip Code | | |
| | | | | | | |
| Purpose of Expenditure (by code) Description | Eve | nt# | | Amount | | |
| (6) (600) | | | | | | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | Date of Payment | Is reim | Is reimbursement claimed? | | |
| | | | | Yes 🔘 No | | |
| Street Address | City | | State | Zip Code | | |
| | | | State | Z.p code | | |
| Purpose of Expenditure Description | Fu | | | | | |
| (by code) | Eve | m # | | Amount | | |
| | | | | | | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) | | Date of Payment | Is reim | bursement claimed? | | |
| | | | 0 | Yes O No | | |
| Street Address | City | | State | Zip Code | | |
| | | | | | | |
| Purpose of Expenditure Description | Eve | nt # | _ | Amount | | |
| (by code) | | | | | | |
| | | | | | | |
| Si | JBTOTAL Section Q — TI | his Page | | | | |
| | | | | | | |
| TO | 'AL of additional Section (| ¿ Pages | | | | |
| TOTAL OF ALL EXPE | | | · · · · · · · · · · · · · · · · · · · | | | |
| (Enter total on Line | 26, Column A of Summary Pa | ge Totals) | | | | |

IV. EXPENDITURES (Sections P—T)

| NAME OF COMMITT Re-elect Dave Mill | EE (Provide Complete Name as Registered s For City Council | with Filing Repository) TYPE OF REPORT Termination | | | | | |
|---------------------------------------|--|---|--|--|--|--|--|
| | R. Ex | enses Incurred on Committee Credit Card | | | | | |
| Name of Issuing Insti | | Type of Credit Card: O Visa Master Card Discover American Express Other: | | | | | |
| Name of Vendor, Person of | Date of Transaction | | | | | | |
| Street Address | | City State Zip Code | | | | | |
| Purpose of Expenditure (by code) | Description | Event # Amount | | | | | |
| Expenditure # (if applicable) | | | | | | | |
| Name of Vendor, Person of | or Entity | Date of Transaction | | | | | |
| Street Address | | City State Zip Code | | | | | |
| Purpose of Expenditure (by code) | Description | Event # Amount | | | | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Ad None of the below Coordinated with reimbursemen Coordinated without reimbursem | | | | | | |
| Name of Vendor, Person o | Entity | Date of Transaction | | | | | |
| Street Address | | City State Zip Code | | | | | |
| Purpose of Expenditure (by code) | Description | Event # Amount | | | | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Ad None of the below Coordinated with reimbursemen Coordinated without reimbursemen | | | | | | |
| | | SUBTOTAL Section R — This Page | | | | | |
| | | TOTAL of additional Section R Pages | | | | | |
| ТО | TAL OF ALL EXPENSES IT | CURRED ON COMMITTEE CREDIT CARD (Enter total on Line 27, Column A of Summary Page Totals) | | | | | |
| | | | | | | | |

| NAME OF COMMITT | EE (Provide Complete Name as Registered with Filing Repositor | (v) | TYPE OF REPORT | | | | |
|-------------------------------------|---|---|--------------------|--------------|--------------------------------------|--|--|
| Re-elect Dave Mil | | | Termination | | | | |
| | S. Expenses Incurred by Com | mittee but Not Paid | During this Period | | | | |
| Name of Creditor | Date Incurred | | | | | | |
| Street Address | | City | | State | Zip Code | | |
| Purpose of Expenditure (by code) | Description | Event # | | | Amount Incurred (Estimate or Actual) | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) Independent Organization: OR OD | | | | | | |
| Name of Creditor | | | | Date Incurre | ed | | |
| Street Address | | City | | State | Zip Code | | |
| Purpose of Expenditure (by code) | Description | | Event # | 1 | ount Incurred mate or Actual) | | |
| Expenditure # (if applicable) | = | | | | | | |
| Name of Creditor | | | | Date Incurre | ed | | |
| Street Address | | City | | State | Zip Code | | |
| Purpose of Expenditure (by code) | Description | | Event# | 1 | ount Incurred mate or Actual) | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: OB OC D | | | | | | |
| | | SUBTOTAL Section | S-This Page | | | | |
| | | TOTAL of additional Sec | ction S Pages | | | | |
| TOTAL OF ALL I | XPENSES INCURRED BY COMMITTEE DUF (Enter total on | RING THIS PERIOD BU Line 28, Column A of Summe | | | | | |
| | Previously reported Ex | penses Unpaid and still O | Outstanding | | | | |
| | | | | | | | |
| | | | | | | | |

| NAME OF COMMITTE | | | | | | | | -2004 E | | | |
|--|--|-------------|-----------|-------------|--|------------------|---|---|-------------------------|------------------------|--|
| | | | | | PE OF REPORT | | | | | | |
| | | | | | | | | 1606.33 | | | |
| Last Name of Worker/Con | T. Itemization of Reim | 1 | | and Sec | ondary Pa | yees | 1 | | Data af Da | | - 1 |
| Last I valle of worker consulant | | | First | | | | MI | Date of Payment to Vend Person or Entity | | | endor, |
| Name of Vendor, Person o | r Entity Paid by Committee Worker/Consultant | | | | | | t to Reimbur | | mmittee W | orker/Consu | ıltant as |
| | | | | | | Ch Ch | in Section F eck # | ' : | O Deb | it Card (| EFT |
| Street Address of Vendor, | Person or Entity Paid by Committee Worker/Consultant | | City | | | | | St | ate | Zip Code | |
| Purpose of Expenditure (by code) | Description | | <u></u> | | Event # | | | | | Amount | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: o A o B o C | | | | | | 0,0 | D | | | |
| Last Name of Worker/Con- | sultant | Fin | rst | | | | MI | | Date of Pa Person or | yment to Ve Entity | endor, |
| Name of Vendor, Person of | r Entity Paid by Committee Worker/Consultant | | | | | reported | t to Reimbur in Section F | | _ | orker/Consu | |
| Street Address of Vendor, | Person or Entity Paid by Committee Worker/Consultant | | City | | | · | | St | ate | Zip Code | |
| Purpose of Expenditure (by code) | Description | | | | Event # | | | | A | Amount | is in the state of |
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| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | | | | | vir rota est anno ser se | | t to Reimbur I in Section I | | ommittee W | | ultant as |
| Street Address of Vendor, | Person or Entity Paid by Committee Worker/Consultant | | City | | | | | St | tate | Zip Code | |
| Purpose of Expenditure (by code) | Description | | L | | Event # | | | | | Amount | |
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| TOTAL OF ALL | REIMBURSEMENT TO COMMITTEE | wc | ORKERS | AND CO | NSULTAN' | TS | | | | | |
| | | <u>v:24</u> | | | | | *************************************** | | | | |